

Monday 30th October 2017

Dear Parents/Carers

Forest Schools

Forest Schools will take place within the woodland area towards the rear of the school field and will run on Fridays throughout the school year. Forest Schools will provide all children within the school with the opportunity to experience outdoor learning within a familiar location. It will encourage children to take control of their own learning through small achievable tasks.

Your child will be taking part in Forest Schools on the following dates:

| Maple class |
|--|
| <ul style="list-style-type: none"> • 03/11/17 • 10/11/17 • 17/11/17 • 24/11/17 • 01/12/17 • 08/12/17 |

On these dates, your child will require the following clothing to be brought into school. Forest School takes place in all weathers (except high winds and lightening), so please ensure that your child has enough layers!

| Winter | Summer |
|---|---|
| <ul style="list-style-type: none"> • Woolly hat • Gloves • Long sleeved t-shirt • Hoody/jumper/fleece • Long trousers • Spare socks • Wellies • Waterproof coat • Plastic bag for dirty clothes • Waterproof over-trousers (provided by school) | <ul style="list-style-type: none"> • Sun hat • T-shirt • Long trousers • Spare socks • Sturdy footwear • Sun cream • Waterproof coat • Plastic bag for dirty clothes • Waterproof over-trousers (provided by school) |

Please return the attached permission form to your child's class teacher by Thursday 2th November.

If you have any questions please feel free to come and see me. Alternatively, messages can be left at the school office.

Kind regards

Mr Knight

Forest School Subject Leader

Maple Class

| | |
|--|---------|
| Child's full name | |
| Date of birth | |
| Contact name and relationship to child | |
| Home address | |
| Phone numbers | Home |
| | Work |
| | Mobile |
| Doctor | Address |
| | Phone |

Has your child had any of the following?

| Illness | Comment | Medication needed (please specify) |
|---|---------|------------------------------------|
| Asthma/Bronchitis | | |
| Sight/hearing difficulties | | |
| Heart conditions | | |
| Diabetes | | |
| Epilepsy | | |
| Allergies: eg pollen, nuts, materials | | |
| Wasp/bee sting. If yes, please describe the reaction. | | |
| Date of last tetanus injection | | |
| Other | | |

Signed _____ Date _____